

Specialty Mapping for Meaningful Use Objectives and Measures

Meaningful Use Workgroup, October 18, 2009

The Meaningful Use objectives and measures must be mapped to the eligible professionals to whom they pertain. The Workgroup is adopting a framework in which objectives and measures are mapped to groups, and the groups are, in turn, mapped to eligible professionals.

“Core measures” are objectives and measures that are relevant to all providers. These include process measures (e.g., use CPOE for all orders), quality measures (e.g., avoid use of high-risk medications in the elderly), and efficiency measures (e.g., percent of patient encounters with insurance eligibility confirmed).

“Adult primary care measures” and **“pediatric primary care measures”** are objectives and measures that are relevant to primary care providers for their respective populations (e.g., report percent of diabetics with A1c under control, and report up-to-date status for childhood immunizations for pediatricians).

“Specialty measures” are objectives and measures that are defined for specialists, including measures that cross all specialties (e.g., closing the loop on referrals) and specialty-specific measures.

Unless stated otherwise, subspecialties are responsible for the objectives and measures of the parent specialty. At this point, all hospitals are responsible for all IP objectives and measures.